

State Elected Official Financial Disclosure Form

Name of Official: MARTI HALVERSON

Office Held: STATE REPRESENTATIVE

Senate District (if applicable): _____

House District (if applicable): 22

Business Address: _____

Business City, State and Zip: _____

Business Phone: () _____

Home Address: P.O. BOX 5009

Home City, State and Zip: ETNA, WY 83118

Home Phone: (307) 883-0250

RECEIVED

JAN 31 2019

WYOMING
SECRETARY OF
STATE

I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

- a) List the *offices* held in business enterprises. This includes partnerships.

Office Held

Name and Address of Enterprise

NONE

- b) List any *directorship positions* held in business enterprises.

Name of Enterprise

Address of Enterprise

NONE

- c) Salaried Employment

Job Title

Name and Address of Enterprise

NONE

II. Sources of Income

(Please use additional sheets as necessary.)

- a) **Employment**
Name of Employer

Address of Employer

STATE OF WYOMING

CHEYENNE

- b) **Business Interests** - list the names and addresses of all business entities in which you have a business interest (W.S. 9-13-108 (c) states: "Name and address of all business entities but excluding interests if less than ten percent (10%) of the entity is owned, or sole proprietorship from which income is earned. . . .")

Name of Business Entity

Address of Business Entity

NONE

- c) **Investments**

Income Earned

A. Any security or interest earnings

☒

Yes

☐

No

B. Real estate, leases, royalties

☒

Yes

☐

No

- d) **Other (describe generally):** _____

On this 30th day of JANUARY, 2019, I affirm that the preceding information is accurate.

Marti Halverson
Signature